STATE OF NEW HAMPSHIRE BDS GENERAL MEMORANDUM (GM)	
DATE:	March 27, 2023; Revised July 6, 2023
то:	Area Agencies, Service Providers, Service Coordinators
FROM:	Sandy Feroz, Bureau Chief, Bureau of Developmental Services
SIGNATURE:	July
SUBJECT:	BDS Pass Through Services
GM NUMBER:	GM#23-001
EFFECTIVE DATE:	July 1, 2023
REGULATORY GUIDANCE:	This memo is a communication tool circulated for informational purposes only. The goal is to provide information and guidance to the individuals to whom it is addressed. The contents of this memo and the information conveyed are subject to change. This communication is not intended to take the place of or alter written law, regulations or rule.

MEMORANDUM SUMMARY

The purpose of this memorandum is to provide clarification to service providers regarding the use of Area Agencies in their role as the Organized Health Care Delivery Systems (OHCDS) as pass through billing providers, review the process in which an individual obtains pass through services, and review the standard invoicing/billing process for the OHCDS.

The Department of Health and Human Services, Bureau of Developmental Services (BDS) is working towards compliance with Centers for Medicare and Medicaid Services (CMS) regulations, including Medicaid direct billing requirements. To comply with regulatory requirements, providers must have the option to bill for services directly through the State's Medicaid Management Information System (MMIS) or use a third-party biller (trading partner). This memo provides clarification to service providers regarding the use of Area Agencies in their role as the OHCDS as pass through billing providers.

Under regulatory requirements of 42 CFR §447.10, an OHCDS may be the enrolled provider of waiver goods or services that are provided pursuant to an agreement between the provider and the OHCDS. The qualified providers that enter into an agreement with an OHCDS must meet all standards under the waiver and administrative rules to provide services for the OHCDS.

Using this flexibility, BDS is allowing certain goods/service providers the choice to enroll as a Medicaid provider to enable billing for certain services to be conducted by an OHCDS on behalf of the provider. Per 42 CFR §447.10, the provider must have an agreement with the OHCDS under which the OHCDS submits the claim.

NH Department of Health and Human Services (DHHS) Division of Long Term Supports and Services Bureau of Developmental Services

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The use of an OHCDS arrangement does not alter fundamental waiver or administrative rule requirements with respect to provider qualifications or service standards.

Providers of the following services may enter into an agreement with an OHCDS to be the qualified provider and bill on their behalf:

- Assistive Technology
- Environmental and Vehicle Modification Services
- Individual Goods & Services
- Crisis Response Services for indirect services
- Non-Medical Transportation
- Personal Emergency Response System (PERS)
- Community Integration Services
- Respite
- Wellness Coaching
- Specialty Services for assessments, consultations, and evaluations

BDS is using this flexibility to support reduction of administrative burdensomeness, timely access to services, to promote a robust provider network for these services and to reduce any potential delays in acquisition of goods and services authorized in a person's Individual Service Agreement (ISA).

Providers of the goods and services indicated above under the Developmental Disabilities (DD), In-Home Supports (IHS), and/or Acquired Brain Disorder (ABD) Waivers may enroll in Medicaid directly as developmental services providers or may enter into an agreement with an OHCDS to do so on their behalf. Importantly, only a designated Area Agency serving as an OHCDS can hold a contract or other agreement with a provider or provider agency for service provision. Provision of goods, other than environmental or vehicle modifications, shall not require a contract or agreement. In the absence of a contract with an OHCDS, a provider of the services above complete the services through its own organization and enroll as a Medicaid provider.

The following tools are included within this guidance to assist with an individual's access to pass though services:

- Pass Through Workflow for how an individual accesses pass though services;
- Waiver Service Pass Through Responsibilities tool to assist Area Agencies and Service Coordinators with their roles as it relates to assisting the individual to access pass through services and the required documentation; and
- Pass Through Invoice template to be used by the OHCDS as back-up documentation for billing
 the pass through services on behalf of the rendering community provider or for goods purchased
 on behalf of the individual.